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6 **IN THE UNITED STATES DISTRICT COURT**
7 **FOR THE DISTRICT OF ARIZONA**
8

9 Lidia Ramirez,

10 Plaintiff,

11 v.

12 Commissioner of Social Security
13 Administration,

14 Defendant.

No. CV-22-01929-PHX-MTL

ORDER

15 At issue is the denial of Plaintiff Lidia Arnold Ramirez's Application for
16 Disability Insurance Benefits under the Social Security Act by the Commissioner of the
17 Social Security Administration ("Commissioner"). On November 14, 2022, Plaintiff filed
18 a Complaint with this Court, seeking judicial review of the denial of benefits. (Doc. 1.)
19 On March 1, 2023, Defendant Commissioner filed an Answer. (Doc. 12.) The Court now
20 addresses Plaintiff's Opening Brief (Doc. 17, "Pl. Br."), the Commissioner's Response
21 Brief (Doc. 23, "Def. Br."), and Plaintiff's Reply Brief (Doc. 24, "Pl. Reply"). The Court
22 has reviewed the briefs and Administrative Record (Doc. 13, "R.") and now affirms the
23 Administrative Law Judge's ("ALJ") decision.

24 **I. BACKGROUND**

25 **A. Procedural History**

26 On February 8, 2019, Plaintiff filed an application for Social Security Disability
27 Insurance Benefits, alleging a period of disability beginning on December 23, 2017. (Pl.
28 Br. at 2.) Plaintiff's claim was initially denied on April 5, 2019, and upon reconsideration

1 on August 30, 2019. (R. at 289–92, 297–302.) Subsequently, Plaintiff filed a written
2 request for a hearing which was received on September 26, 2019. (R. at 14.) A telephonic
3 hearing was held on January 22, 2021, and the ALJ held a supplemental telephonic
4 hearing on July 16, 2021. (*Id.*) The ALJ denied Plaintiff’s application on August 23,
5 2021. (R. at 15–25.) Thereafter, the Appeals Council denied Plaintiff’s request for review
6 on September 23, 2022, and the ALJ’s decision became final. (R. at 1–4.) On November
7 14, 2022, Plaintiff filed an appeal in this Court, seeking judicial review of the ALJ’s
8 decision pursuant to 42 U.S.C. § 405(g). (Doc. 1 at 1.)

9 **B. ALJ Determination**

10 The Court has reviewed the medical evidence and the administrative record and
11 will discuss pertinent evidence in addressing the issues raised by the parties. At step one
12 of the five-step sequential analysis, the ALJ determined that Plaintiff has not engaged in
13 substantial gainful activity during the period from Plaintiff’s alleged onset date of
14 December 23, 2017, through August 23, 2021. (R. at 16.) The ALJ evaluated Plaintiff’s
15 disability based on the following severe impairments: venous insufficiency/venous stasis,
16 edema of the bilateral lower limbs/lymphedema, peripheral neuropathy, early medial
17 compartment degenerative joint disease of the bilateral knees, fibromyalgia, and obesity.
18 (*Id.*) The ALJ further determined that Plaintiff did not have an impairment that met or
19 equaled an impairment listed in 20 C.F.R. § 404, Subpart P, Appendix 1. (R. at 17.)

20 In assessing Plaintiff’s residual functional capacity (“RFC”), the ALJ found that
21 Plaintiff’s symptom testimony was not entirely consistent with the objective medical
22 evidence and other evidence in the record. (R. at 19.) The ALJ also considered the
23 medical opinions of two state agency medical consultants, Christine Sabeh, MD,
24 Plaintiff’s physical therapist Natalie Fogelson PT, as well as a narrative from Plaintiff’s
25 primary care physician. (R. at 22–23.) Ultimately, the ALJ found that Plaintiff had the
26 RFC to perform sedentary work with exceptions and additional limitations. (R. at 18.)

27 At step five, the ALJ determined that “there are jobs that exist in significant
28 numbers in the national economy that [Plaintiff] can perform” based on her age,

1 education, work experience, and RFC. (R. at 24.) Therefore, the ALJ concluded that
 2 Plaintiff was not under a disability within the meaning of the Social Security Act from
 3 the alleged disability onset date through the date of the ALJ's most recent decision. (R. at
 4 25.)

5 **II. LEGAL STANDARD**

6 In determining whether to reverse an ALJ's decision, courts are to review only
 7 those issues raised by the party challenging the decision. *See Lewis v. Apfel*, 236 F.3d
 8 503, 517 n.13 (9th Cir. 2001). The Court may set aside the ALJ's disability determination
 9 only if it is not supported by substantial evidence or is based on legal error. *Orn v. Astrue*,
 10 495 F.3d 625, 630 (9th Cir. 2007). Substantial evidence is more than a scintilla, but less
 11 than a preponderance; indeed, it is relevant evidence that a reasonable person might
 12 accept as adequate to support a conclusion considering the record as a whole. *Id.* To
 13 determine whether substantial evidence supports a decision, the Court must consider the
 14 record as a whole and may not affirm simply by isolating a "specific quantum of
 15 supporting evidence." *Id.* Generally, "[w]here the evidence is susceptible to more than
 16 one rational interpretation, one of which supports the ALJ's decision, the ALJ's
 17 conclusion must be upheld." *Thomas v. Barnhart*, 278 F.3d 947, 954 (9th Cir. 2002)
 18 (citations omitted).

19 The ALJ follows a five-step process to determine whether a claimant is disabled.
 20 20 C.F.R. § 404.1520(a). The claimant bears the burden of proof as to the first four steps,
 21 but the burden shifts to the Commissioner at step five. *Tackett v. Apfel*, 180 F.3d 1094,
 22 1098 (9th Cir. 1999). At step one, the ALJ determines whether the claimant is presently
 23 engaging in substantial gainful activity. 20 C.F.R. § 404.1520(a)(4)(i). If so, the claimant
 24 is not disabled, and the inquiry ends. *Id.* At step two, the ALJ determines whether the
 25 claimant has a "severe" medically determinable physical or mental impairment. 20 C.F.R.
 26 § 404.1520(a)(4)(ii). If not, the claimant is not disabled, and the inquiry ends. *Id.* At step
 27 three, the ALJ considers whether the claimant's impairment or combination of
 28 impairments meets or medically equals an impairment listed in Appendix 1 to Subpart P

1 of 20 C.F.R. Part 404. 20 C.F.R. § 404.1520(a)(4)(iii). If so, the claimant is automatically
 2 found to be disabled. *Id.* If not, then at step four, the ALJ assesses the claimant's RFC
 3 and determines whether the claimant is still capable of performing past relevant work. 20
 4 C.F.R. § 404.1520(a)(4)(iv). If so, the claimant is not disabled, and the inquiry ends. *Id.* If
 5 not, the ALJ proceeds to the fifth and final step, where the ALJ determines whether the
 6 claimant can perform any other work in the national economy based on the claimant's
 7 RFC, age, education, and work experience. 20 C.F.R. § 404.1520(a)(4)(v). If not, the
 8 claimant is disabled. *Id.*

9 **III. DISCUSSION**

10 Plaintiff raises two arguments for the Court's consideration. (Pl. Br. at 1.) First,
 11 Plaintiff contends that the ALJ failed to provide clear and convincing reasons to reject her
 12 symptom testimony. (*Id.* at 13.) Second, Plaintiff argues that the ALJ's RFC finding was
 13 not supported by substantial evidence and the ALJ erroneously evaluated the medical
 14 opinions of Dr. Sabeh and state agency consultant A. Wong, MD. (*Id.* at 20.)

15 **A. Plaintiff's Symptom Testimony**

16 Plaintiff first contends that the ALJ erred in rejecting her symptom testimony
 17 without providing clear and convincing evidence. (*Id.* at 13.) In opposition, the
 18 Commissioner argues that the ALJ did not err because the ALJ explained that Plaintiff's
 19 testimony was inconsistent with the objective medical record and Plaintiff's treatment.
 20 (Def. Br. at 6–8.)

21 In evaluating a claimant's symptom testimony, the ALJ employs a two-step
 22 process. *Garrison v. Colvin*, 759 F.3d 995, 1014 (9th Cir. 2014). First, the ALJ considers
 23 whether the claimant has presented objective medical evidence of an impairment “which
 24 could reasonably be expected to produce the pain or symptoms alleged.” *Lingenfelter v.*
 25 *Astrue*, 504 F.3d 1028, 1035–36 (9th Cir. 2007) (quoting *Bunnell v. Sullivan*, 947 F.2d
 26 341, 344 (9th Cir. 1991) (en banc) (internal quotation marks omitted)). Second, if the
 27 claimant presents such evidence, the ALJ must evaluate the claimant's testimony in light
 28 of the objective medical evidence and other evidence in the record. *See* 20 C.F.R.

1 §§ 404.1529(c)(2)–(3). “[T]he ALJ can reject the claimant’s testimony about the severity
2 of [his] symptoms only by offering specific, clear and convincing reasons for doing so.”
3 *Garrison*, 759 F.3d at 1014–15 (citing *Smolen v. Chater*, 80 F.3d 1273, 1281 (9th Cir.
4 1996)). Under the clear and convincing standard, the ALJ “must specifically identify the
5 testimony she or he finds not to be credible and must explain what evidence undermines
6 the testimony.” *Holohan v. Massanari*, 246 F.3d 1195, 1208 (9th Cir. 2001); *Smartt v.*
7 *Kijakazi*, 53 F.4th 489, 499 (9th Cir. 2022) (noting that the clear and convincing
8 “standard requires an ALJ to show his work”). An ALJ may consider several factors,
9 including: (1) the testimony’s consistency with the objective medical record; (2) the
10 claimant’s daily activities; and (3) whether the claimant’s treatment is conservative. *See*
11 *id.* at 497.

12 In this case, Plaintiff testified that her impairments cause severe limitations. (R. at
13 971.) Specifically, Plaintiff claimed that she experiences chronic severe leg pain,
14 swelling, inflammation, and nerve damage at a pain level of nine to ten out of ten. (R. at
15 256.) Plaintiff also explained that she has lymphedema in her legs, and it “interferes with
16 [her] daily tasks at home.” (*Id.*) Plaintiff testified that she maintains a lymphatic therapy
17 that takes two hours and forty minutes each day and is required to elevate her legs “at
18 least five to six hours a day.” (*Id.* at 257–59.) Additionally, Plaintiff stated that she has
19 arthritis in her fingers, hands, wrists, and elbows, and she has vertigo, which makes it
20 difficult to walk or drive. (*Id.* at 259–60.) Lastly, Plaintiff testified that she cannot sit for
21 longer than ten minutes, can only stand for five minutes at a time, and can only walk long
22 distances with wheelchair assistance. (*Id.* at 260–61.)

23 The ALJ considered Plaintiff’s testimony and determined at step one that
24 Plaintiff’s “medically determinable impairments could reasonably be expected to cause
25 the alleged symptoms.” (R. at 19.) At step two, however, the ALJ found that “the
26 [Plaintiff’s] statements concerning the intensity, persistence and limiting effects of these
27 symptoms are not entirely consistent with the medical evidence and other evidence in the
28 record.” (*Id.*) The ALJ rejected Plaintiff’s symptom testimony, offering two reasons. (R.

1 at 19–21.)

2 **i. Inconsistency with Objective Medical Record.**

3 The ALJ first compared Plaintiff’s allegations to the objective medical evidence
4 and determined that Plaintiff’s testimony was “inconsistent because the record does not
5 establish findings preclusive of fulltime sedentary exertion work.” (*Id.*) The ALJ noted
6 several inconsistencies between Plaintiff’s testimony and the objective medical findings.
7 (*Id.*) For instance, while Plaintiff complained of “severe” swelling in her legs (R. at 256),
8 the ALJ explained that medical records from 2017, 2019, and 2020 revealed only “mild”
9 or “some swelling.” (R. at 19–21.) In fact, in August 2020, an examination by Plaintiff’s
10 primary care provider revealed “normal gait and stance,” “ambulation did not require
11 walker,” “no knee joint swelling” and “normal lumbar spine, knees, ankles, and
12 shoulders.” (R. at 20, 884.)

13 Plaintiff argues the ALJ erred by “fail[ing] to connect anything specific in the
14 medical record to a specific inconsistency with any particular portion of [Plaintiff’s]
15 symptom testimony.” (Pl. Br. at 14.) The record does not support this contention. As
16 emphasized above, the ALJ pointed to several inconsistencies between the objective
17 medical record and Plaintiff’s subjective complaints that undermine the severity of her
18 expressed limitations. (*See* R. at 19–20.) Moreover, “[o]ur cases do not require ALJs to
19 perform a line-by-line exegesis of the claimant’s testimony, nor do they require ALJs to
20 draft dissertations when denying benefits.” *Lambert v. Saul*, 980 F.3d 1266, 1277 (9th
21 Cir. 2020).

22 By pointing to substantial evidence in the objective medical record that is
23 inconsistent with Plaintiff’s symptom testimony, the ALJ articulated a clear and
24 convincing reason to reject Plaintiff’s testimony. *See Thomas*, 278 F.3d at 959 (“If the
25 ALJ’s credibility finding is supported by substantial evidence in the record,” courts “may
26 not engage in second-guessing”). Ordinarily, a “lack of [corroborating] medical evidence
27 cannot form the sole basis for discounting pain testimony,” but that is not the case here.
28 *Burch v. Barnhart*, 400 F.3d 676, 680–81 (9th Cir. 2005). The ALJ also determined that

1 Plaintiff's symptom testimony is not only unsupported by the medical record but is also
2 inconsistent with Plaintiff's treatment history. *See id.* at 680; 20 C.F.R. § 404.1529(c)(3)
3 (explaining that an ALJ may consider treatment as a relevant factor in assessing a
4 claimant's symptom testimony). For these reasons, the ALJ properly relied on the
5 objective medical record in rejecting Plaintiff's symptom testimony.

6 **ii. Plaintiff's Treatment**

7 The ALJ also relied on Plaintiff's effective treatment records. (R. at 19–22.) It is
8 proper for an ALJ to consider whether a claimant takes medication or undergoes
9 treatment of his or her symptoms. *Lingenfelter*, 504 F.3d at 1040. Indeed, the extent of a
10 claimant's treatment is “an important indicator of the intensity and persistence of [a
11 claimant's] symptoms.” 20 C.F.R. § 404.1529(c)(3). “Impairments that can be controlled
12 effectively with medication are not disabling for the purpose of determining eligibility for
13 [disability] benefits.” *Warre v. Comm'r of Soc. Sec. Admin.*, 439 F.3d 1001, 1006 (9th
14 Cir. 2006).

15 In his decision, the ALJ cited numerous instances in the record where Plaintiff's
16 symptoms improved with treatment. (*See* R. at 19–21.) For instance, the ALJ explained
17 that Plaintiff's symptoms improved after she was prescribed and treated with Gabapentin
18 and Cymbalta. (R. at 19 (citing R. at 710–15).) The medical records the ALJ relied on
19 report, “[Plaintiff] states that she is doing better on the 30mg Cymbalta plus gabapentin
20 [and] is having less joint pains and leg pains” as well as that her “symptoms are
21 improving.” (R. at 711.) The ALJ also explained that treatments such as Plaintiff's
22 “complete decongestive therapy,” compression pump, and Orthovisc injections to the
23 knees all proved effective means to mitigate Plaintiff's symptoms. (R. at 19–20; *see also*
24 R. at 869 (explaining that Plaintiff “feels significantly improved” after her first set of
25 Orthovisc injections); R. at 886 (noting that Plaintiff's “pain gets better with meloxicam”
26 and that she “took a course of prednisone after her last visit which helped her pain”).)

27 Plaintiff argues that the ALJ failed to look at her improvements “in the broader
28 context of the record and impairments.” (Pl. Br. at 15.) After reviewing the record, the

1 Court acknowledges that there is some evidence suggesting that Plaintiff continued to
2 experience pain and other symptoms. (*See, e.g.*, R. at 940 (stating that “[o]verall, her pain
3 has not changed”).) Nonetheless, when “evidence exists to support more than one rational
4 interpretation,” as is the case here, the court “must defer to the Commissioner’s
5 decision.” *Batson v. Comm’r of Soc. Sec. Admin.*, 359 F.3d 1190, 1193 (9th Cir. 2004).
6 As noted above, the ALJ provided several examples where Plaintiff’s symptoms
7 improved with treatment. (*See* R. at 19–21.) Accordingly, the ALJ’s determination that
8 Plaintiff’s effective treatment undermined her subjective complaints is another clear and
9 convincing reason to reject Plaintiff’s symptom testimony.

10 Plaintiff also contends that the ALJ improperly substituted his own medical
11 opinion when rejecting Plaintiff’s testimony. (Pl. Br. at 17.) Specifically, Plaintiff takes
12 issue with the ALJ’s finding that her lymphatic treatment program and practice of
13 elevating her legs several hours each day did not preclude her from full-time work
14 activity because the record did not establish when the treatment must be performed. (R. at
15 21.) According to Plaintiff, the ALJ’s finding is based on “the ALJ’s own opinion, and
16 did not support a wholesale rejection of [Plaintiff’s] symptom testimony.” (Pl. Br. at 17.)
17 The Court has already determined that the ALJ provided two clear and convincing
18 reasons to reject Plaintiff’s symptom testimony. Those reasons are sufficient to uphold
19 the ALJ’s decision; nonetheless, the Court is not persuaded that the ALJ impermissibly
20 relied on his own opinion in making this finding. Both parties agree that “a treating
21 provider did not specifically state *when* [the treatment] had to be completed.” (Pl. Br. at
22 17; Def. Br. at 9.) As such, the ALJ was not impermissibly substituting his own opinion
23 when he stated that the therapy could be performed outside work hours. Rather, the ALJ
24 was carrying out his charged duties to rationally interpret the record and draw
25 conclusions supported by substantial evidence in the record. As a rational interpretation
26 of the record, the ALJ did not err in making this finding. *Andrews v. Shalala*, 53 F.3d
27 1035, 1039–40 (9th Cir. 1995) (explaining that a district court “must uphold the ALJ’s
28 decision where the evidence is susceptible to more than one rational interpretation”).

1 Plaintiff also argues that the ALJ erred when he “failed to note any specific
2 activities that [Plaintiff] could perform that were inconsistent with any particular portion
3 of her testimony.” (Pl. Br. at 18–19.) Contrary to Plaintiff’s argument, the ALJ is not
4 required to make this finding. *See* 20 C.F.R. § 404.1529(c)(3) (listing a claimant’s daily
5 activities as one of many factors an ALJ might consider). The ALJ properly rejected
6 Plaintiff’s symptom testimony, as substantial evidence supports the ALJ’s finding that
7 her testimony was inconsistent with the objective medical record and her treatment
8 history.

9 **B. Medical Opinions**

10 Next, Plaintiff contends that the ALJ did not adequately consider the medical
11 opinions of Dr. Sabeh and Dr. Wong. (Pl. Br. at 20.) Conversely, the Commissioner
12 contends that the ALJ sufficiently articulated the supportability and consistency factors,
13 as well as the persuasiveness of each opinion. (Def. Br. at 13–14.)

14 In January 2017, the Social Security Administration (“SSA”) amended its
15 regulations for evaluating medical evidence for all claims filed on or after March 27,
16 2017. *See* Revisions to Rules Regarding the Evaluation of Medical Evidence, 82 Fed.
17 Reg. 5844, 5844 (Jan. 18, 2017). Because Plaintiff’s claim was filed on February 8, 2019,
18 the revised rules apply. (R. at 445–49.) Unlike the prior regulations, the SSA’s revised
19 rules do not require an ALJ to defer to the opinions of a treating physician nor assign
20 every medical opinion a specific evidentiary weight. 20 C.F.R. §§ 404.1520c(a),
21 416.920c(a); *see also Lester v. Charter*, 81 F.3d 821, 830–31 (9th Cir. 1995) (requiring
22 an ALJ provide “specific and legitimate reasons that are supported by substantial
23 evidence in the record” when rejecting a treating physician’s opinion). Rather, the revised
24 rules require the ALJ to assess how persuasive each medical opinion is based on several
25 enumerated factors. 20 C.F.R. §§ 404.1520c(a)–(b); 416.920c(a). The most important
26 factors in assessing a medical opinion’s persuasiveness are its supportability and
27 consistency. *Id.* §§ 404.1520c(a), 416.920c(a). Supportability is defined as how “relevant
28 the objective medical evidence and supporting explanations presented by a medical

source are to support his or her medical opinion(s) or prior administrative medical findings.” *Id.* § 404.1520c(c)(1). Consistency means “the extent to which a medical opinion is ‘consistent . . . with the evidence from other medical sources and nonmedical sources in the claim.’” *Woods v. Kijakazi*, 32 F.4th 785, 792 (9th Cir. 2022) (citing 20 C.F.R. § 404.1520c(c)(2)).

i. Dr. Sabeh’s Opinion

Plaintiff contends that the ALJ’s failure to rate the persuasiveness of Dr. Sabeh’s opinion constitutes reversible error. (Pl. Br. at 20.) After reviewing Plaintiff’s medical records, Dr. Sabeh determined that Plaintiff can continuously lift up to 100 pounds, frequently carry up to 20 pounds, and occasionally carry up to 100 pounds. (R. at 915.) Dr. Sabeh found that Plaintiff can sit up to eight hours, stand for two hours, and walk for two hours at any one time. (*Id.* at 916.) Dr. Sabeh noted that Plaintiff experiences chronic bilateral lower extremity pain and is sensitive to touch, but also found that she exhibits normal gait and station and has no limitations with ambulation. (*Id.* at 915–20.) Lastly, Dr. Sabeh determined that Plaintiff can perform tasks such as shopping, traveling without assistance, maintaining personal hygiene, and climbing a few steps with use of a handrail. (*Id.* at 920.)

In considering Dr. Sabeh’s opinion, the ALJ explained:

In support of her conclusions, [Dr. Sabeh] indicated the claimant is noted to have sensitivity to touch in the lower extremities with pain, but she demonstrated normal gait and station with no limits in ambulation. [Dr. Sabeh] cited to specific references in determining the claimant’s impairments did not meet a listing. . . . In support, [Dr. Sabeh] noted that the claimant’s documented physical findings did not establish further limitation, as the degree of edema was not documented. However, the medical expert’s opinion and testimony were based solely on objective findings and did not consider the claimant’s subjective complaints, elicited via testimony at the first hearing. Her conclusions are inconsistent with that of the reconsideration state agency consultant.

(R. at 22.) The SSA’s amended regulations make clear that an ALJ “must ‘articulate . . . how persuasive’ it finds ‘all of the medical opinions’ from each doctor or

1 other source, and ‘explain how it considered the supportability and consistency factors’ in
2 reaching these findings.” *Woods*, 32 F.4th at 792 (citing 20 C.F.R. § 404.1520c(b),
3 (b)(2)) (internal citations omitted). The ALJ here failed to articulate the persuasiveness of
4 Dr. Sabeh’s opinion. This constitutes legal error.

5 The Court must now address the effect of this legal error. “A decision of the ALJ
6 will not be reversed for errors that are harmless.” *Burch*, 400 F.3d at 679. An error is
7 harmless if it is not prejudicial to the claimant or would not change the ALJ’s “ultimate
8 nondisability determination.” *Stout v. Comm’r of Soc. Sec. Admin.*, 454 F.3d 1050, 1055
9 (9th Cir. 2006). A court may also uphold the ALJ’s decision if “despite the legal error,
10 the agency’s path may be reasonably discerned, even if the agency explains its decision
11 with less than ideal clarity.” *Brown-Hunter v. Colvin*, 806 F.3d 487, 492 (9th Cir. 2015)
12 (quoting *Andrews*, 53 F.3d at 1099)).

13 In this case, the ALJ evaluated Dr. Sabeh’s opinion against the medical record and
14 Plaintiff’s symptom testimony, and explained that portions of Dr. Sabeh’s testimony were
15 inconsistent with Dr. Wong’s opinion. (R. at 22.) Moreover, while Dr. Sabeh found that
16 Plaintiff could occasionally lift up to 100 pounds and sit up to eight hours (R. at 915), the
17 ALJ ultimately determined that Plaintiff could occasionally lift and carry up to ten
18 pounds and sit up to six hours. (R. at 18.) By comparison, the ALJ’s assessment was
19 more limiting than Dr. Sabeh’s opinion, suggesting the ALJ found Dr. Sabeh’s opinion
20 less persuasive. Although the agency “explain[ed] its decision with less than ideal
21 clarity,” the Court determines that “the agency’s path may be reasonably discerned.”
22 *Brown-Hunter*, 806 F.3d at 492. Accordingly, the ALJ’s failure to rate the persuasiveness
23 of Dr. Sabeh’s opinion constitutes harmless error.

24 **ii. Dr. Wong’s Opinion**

25 Plaintiff also argues the ALJ failed to adequately address the supportability and
26 consistency factors in assessing Dr. Wong’s medical opinion. (Pl. Br. at 20.) On August
27 30, 2019, Dr. Wong evaluated Plaintiff’s medical records upon reconsideration of her
28 application for disability benefits. (R. at 276–87.) Dr. Wong found that Plaintiff can stand

1 or walk for a total of two hours, can sit for six hours in an eight-hour workday, can
2 occasionally and frequently lift or carry up to ten pounds, can occasionally perform
3 postural activities, and is limited in both her lower extremities. (R. at 283–85.)
4 Ultimately, Dr. Wong concluded that Plaintiff is not disabled and limited to sedentary
5 exertion work. (*Id.*)

6 The ALJ found Dr. Wong’s opinion “more persuasive” than the state agency
7 medical consultant at the initial level who determined that Plaintiff could perform light
8 exertion work. (R. at 22.) The ALJ explained that Dr. Wong’s opinion was supported by
9 Plaintiff’s treatment history and the fact that Plaintiff had edema but no ulcerations. (*Id.*)
10 As to consistency, the ALJ explained that Dr. Wong’s findings were consistent with other
11 objective medical evidence in the record showing edema, tenderness to the lower
12 extremities, and fibromyalgia. (*Id.*) The Court finds that the ALJ adequately addressed
13 the supportability and consistency factors in rating Dr. Wong’s opinion “more
14 persuasive.” The ALJ’s decision is also supported by substantial evidence. *Randall v.*
15 *Saul*, 845 F. App’x 521, 523 (9th Cir. 2021) (“[W]here the opinions of the state agency
16 medical consultants were consistent with the objective medical findings of record, the
17 ALJ’s decision to give ‘great weight’ to their opinions was supported by substantial
18 evidence.”) Plaintiff may disagree with the ALJ’s interpretation of the record, but the
19 Court will not second-guess the ALJ’s reasonable interpretation of the evidence, even if
20 such interpretation could give rise to inferences more favorable to Plaintiff. *See Robbins*
21 *v. Soc. Sec. Admin.*, 466 F.3d 880, 882 (9th Cir. 2006).

22 Lastly, Plaintiff argues that the ALJ’s RFC finding was not supported by
23 substantial evidence because “the ALJ articulated *no* basis for finding that Ramirez was
24 capable of *sustaining* sedentary work other than the ALJ’s own opinion that Ramirez’s
25 leg elevation could be performed while she was not at work, and her 2-hour therapy
26 program could be performed either before or after a workday.” (Pl. Br. at 21.) The Court
27 has already dismissed Plaintiff’s argument that the ALJ improperly substituted his
28 opinion. Moreover, the Court finds that the ALJ’s RFC finding is supported by

1 substantial evidence. As revealed by the record, the ALJ found Dr. Wong’s opinion—
2 stating that Plaintiff could perform sedentary exertion work—consistent with Plaintiff’s
3 treatment records and other objective medical evidence. (R. at 22.) The objective medical
4 evidence, Dr. Wong’s opinion, and Plaintiff’s treatment records constitutes substantial
5 evidence supporting the ALJ’s RFC finding.¹


6 **IV. CONCLUSION**

7 Accordingly,

8 **IT IS ORDERED** affirming the August 23, 2021 decision by the Administrative
9 Law Judge. (R. at 14–25.)

10 **IT IS FURTHER ORDERED** directing the Clerk of the Court to enter judgment
11 consistent with this Order and close this case.

12 Dated this 19th day of September, 2023.

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15 Michael T. Liburdi
16 United States District Judge
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27 ¹ Plaintiff also asks this Court to apply the “credit-as-true” rule, which would result in a
28 remand of Plaintiff’s case for payment of benefits rather than for further proceedings. (Pl.
Br. at 23.) Because the Court has affirmed the ALJ’s decision, an evaluation of the
parties’ arguments as to remand is not necessary.